

CLAIMS ONLY						Application Number <i>101671155</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
2		/					
3		/					
4							
5		/					
6		/					
7		/					
8		/					
9		/					
10		/					
11		/					
12		/					
13		/					
14	/						
15		/					
16	/	/					
17		/					
18		/					
19		/					
20	/						
21		/					
22		/					
23		/					
24		/					
25		/					
26		/					
27	/						
28		/					
29		/					
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep	4						
Total Depend	21						
Total Claims	25						